



State of New Hampshire 2004 ANNUAL REPORT

The following information shall be given as of January 1
preceeding the due date Pursuant to RSA 293-A:16.22.

REPORT DUE BY April 1, 2004

ANNUAL REPORTS RECEIVED AFTER APRIL 15, 2004,
WILL BE ASSESSED A \$50.00 LATE FEE.

Filed

Effective Date: 03/17/2004

Business ID: 005267

William M. Gardner

Secretary of State

200407790073

ALPHACOLOR, INC.

21 IRVING ST
LACONIA, NH 03246

ADDRESS OF PRINCIPAL OFFICE:

21 IRVING ST
LACONIA, NH 03246

REGISTERED AGENT AND OFFICE:

WILLARD G MARTIN JR ESQ
1 MILL PLACE, PO BOX 189
LACONIA, NH 03246

ENTITY TYPE: CORPORATION

BUSINESS ID: 005267

STATE OF DOMICILE: NEW HAMPSHIRE

FEDERAL ID: 020272677

PHOTO FINISHIG('99AR)

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

- ☐ The new mailing address _____
☐ The new principal office address _____

PO Box is acceptable.

OFFICERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE OFFICER BELOW)

PRES JOHN W SANBORN

STREET 21 IRVING ST.

CITY/STATE/ZIP LACONIA, NH 03246

TREAS EARLINE P SANBORN

STREET 2 PINEBROOK LANE

CITY/STATE/ZIP LACONIA, NH 03246

V-PRES NANCY P MCKEEN

STREET 2 PINEBROOK LANE

CITY/STATE/ZIP LACONIA, NH 03246

NAME

STREET

CITY/STATE/ZIP

NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED

BOARD OF DIRECTORS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE DIRECTOR BELOW)

NAME JOHN W SANBORN

STREET 21 IRVING ST.

CITY/STATE/ZIP LACONIA, NH 03246

NAME EARLINE P SANBORN

STREET 2 PINEBROOK LANE

CITY/STATE/ZIP LACONIA, NH 03246

NAME NANCY P MCKEEN

STREET 2 PINEBROOK LANE

CITY/STATE/ZIP LACONIA, NH 03246

NAME ROBERT D SANBORN

STREET 2 PINEBROOK LANE

CITY/STATE/ZIP LACONIA, NH 03246

To be signed by an officer, Director, or any other person authorized by the board of directors.

I, the undersigned do hereby Certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here: JOHN W SANBORN

Please print name and title of signer: JOHN W SANBORN / PRESIDENT

NAME

TITLE

REPORT FEE IS: \$100.00

E-MAIL ADDRESS (OPTIONAL):



WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE

REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE

RETURN COMPLETED REPORT AND PAYMENT TO:

New Hampshire Department of State, Annual Reports, P.O. Box 9529, Manchester, NH 03108-9529